

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for \$10,000 or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

**1 Your Information** (person asking the court to waive the fees):

Name: JULI LINN KAPRIELIAN WARD  
 Street or mailing address: 3795 N. ANGUS STREET  
 City: FRESNO State: CA Zip: 93726  
 Phone: (559) 795-8582

**2 Your Job**, if you have one (job title): MUSICIAN/VOCALIST

Name of employer: (SELF)  
 Employer's address: (SEE ABOVE)

**3 Your Lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

Fill in court name and street address:

Superior Court of California, County of  
 SAN FRANCISCO DIV.  
 UNITED STATES BANKRUPTCY  
 COURT, NORTHERN DISTRICT  
 OF CALIFORNIA, COURTROOM  
 17, 16TH FLOOR, SAN FRANCISCO  
 CALIFORNIA 94102

Fill in case number and name:

Case Number:  
19-30088 (DNI)  
 Case Name: JULI KAPRIELIAN  
WARD, ET. AL., VS. P.G. & E  
CORP. & CO.

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here) Lawyer's signature:

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

**4 What court's fees or costs are you asking to be waived?**

- ☒ Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)  
☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)

**5 Why are you asking the court to waive your court fees?**

- a. ☒ I receive (check all that apply; see form FW-001-INFO for definitions): ☒ Food Stamps ☐ Supp. Sec. Inc.  
☐ SSP ☒ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS ☐ CalWORKS or Tribal TANF ☐ CAPI  
 b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$472.92 for each extra person.
1	\$1,341.67	3	\$2,287.50	5	\$3,233.34	
2	\$1,814.59	4	\$2,760.42	6	\$3,706.25	

c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: (check one and you must fill out page 2):

- ☐ waive all court fees and costs ☐ waive some of the court fees  
☐ let me make payments over time

**6** ☐ Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here): ☐

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: December 6, 2021

JULI LINN KAPRIELIAN WARD  
 Print your name here

Juli Linn Kaprielian Ward  
 Sign here